

Psychological Screening Program Overview

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This article reviews the literature on health surveillance conducted during military deployments, focusing on models for assessing the impact of operational deployments on peacekeepers. A discussion of the stressors and potential mental health consequences of peacekeeping operations follows, with relevant examples of findings from U.S. and international military forces. Psychological screening in different peacekeeping operations conducted in U.S. Army-Europe is reviewed. The review begins with the redeployment screening of military personnel deployed to Bosnia mandated under the Joint Medical Surveillance Program, and continues through the present screening of units deployed to Kosovo.

The findings from the psychological screening program confirm that mental health monitoring is important for maintaining the medical readiness of military personnel deployed on peacekeeping operations. In the summarized studies, the data indicate that the mental health status of military personnel deployed to the Bosnia area of operations began to change after 3-4 months. This pattern has also been found for other deployments, indicating that for peacekeeping missions, mental health monitoring should be conducted when the deployment lasts 3 months or longer.

In addition to demonstrating the need for psychological screening for military personnel deployed on peacekeeping operations, the successful implementation of the program demonstrated that large-scale screening is feasible. This is not to say there were no obstacles to successfully implementing the screening program. For example, although instructions for the administration of the primary screening instrument were developed before the psychological screening program began, there was no secondary screening examining clinical history. This latter instrument was developed in the Bosnia area of operations by the mental health care providers tasked to execute the psychological screening program in order to facilitate the interview process. The revised secondary screening instrument was then standardized and integrated into the overall psychological screening program.

Another implementation issue was that the on-site mental health personnel responsible for the screening received no prior training, either formal or informal, in how to conduct the brief psychological assessments. While a few personnel had received training in clinical survey administration, none of them were specifically trained to conduct brief “psychological triage.” The mental health care providers were required to make very rapid decisions about the overall mental health status of military personnel who exceeded criteria on one of the primary screening scales. Basically, these mental health care personnel were conducting a form of “psychological triage,” a task that mental health care providers are rarely, if ever, asked to perform. Given the importance of psychological triage in mental health screening programs, this topic should be incorporated into existing training programs for military mental health personnel.

An additional implementation issue related to training in psychological triage concerns the reliability of referral rates. From on-site observation some mental health interviewers set high thresholds for referrals whereas other screening staff had lower screening thresholds. These approaches varied depending on the team leader or officer assigned to conduct the screening and leave the referral rates difficult to interpret across screening programs.

Conclusion

Overall, the psychological health, and thus the readiness, of military personnel can be directly measured and quantified, thereby providing a useful framework for the development of psychological and psychosocial measures. Future research should incorporate results from physical health screening as well. In this way, health surveillance for military deployments will incorporate the two primary types of surveillance: service-oriented psychological screening and the identification of organizational trends. Only by providing commanders with a complete medical assessment of the health of their force will they be able to ensure that all of the medical readiness needs of their personnel are addressed.